APPENDIX B

Human Health Effects from Normal Operations

TA-18

APPENDIX B
HUMAN HEALTH EFFECTS FROM NORMAL OPERATIONS

B.1 INTRODUCTION

This appendix provides a brief general discussion on radiation and its health effects. It also describes the methods and assumptions used for estimating the potential impacts and risks to individuals and the general public from exposure to releases of radioactivity during normal operations and postulated accidents at facilities used to perform Technical Area (TA)-18 missions.

This appendix presents numerical information using engineering and/or scientific notation. For example, the number 100,000 also can be expressed as 1×10^5. The fraction 0.001 also can be expressed as 1×10^{-3}. The following chart defines the equivalent numerical notations that may be used in this appendix.

FRACTIONS AND MULTIPLES OF UNITS

Multiple	*Decimal Equivalent*	*Prefix*	*Symbol*
1×10^6	1,000,000	mega-	M
1×10^3	1,000	kilo-	k
1×10^2	100	hecto-	h
1×10	10	deka-	da
1×10^{-1}	0.1	deci-	d
1×10^{-2}	0.01	centi-	c
1×10^{-3}	0.001	milli-	m
1×10^{-6}	0.000001	micro-	μ

B.2 RADIOLOGICAL IMPACTS ON HUMAN HEALTH

Radiation exposure and its consequences are topics of interest to the general public. For this reason, this environmental impact statement (EIS) places emphasis on the consequences of exposure to radiation, provides the reader with information on the nature of radiation, and explains the basic concepts used in the evaluation of radiation health effects.

B.2.1 Nature of Radiation and Its Effects on Humans

What Is Radiation?

Radiation is energy transferred in the form of particles or waves. Globally, human beings are exposed constantly to radiation from the solar system and the Earth's rocks and soil. This radiation contributes to the natural background radiation that always surrounds us. Manmade sources of radiation also exist, including medical and dental x-rays, household smoke detectors, and materials released from nuclear and coal-fired power plants.

All matter in the universe is composed of atoms. Radiation comes from the activity of tiny particles within an atom. An atom consists of a positively charged nucleus (central part of an atom) with a number of negatively charged electron particles in various orbits around the nucleus. There are two types of particles in the nucleus: neutrons that are electrically neutral and protons that are positively charged. Atoms of different types are known as elements. There are more than 100 natural and manmade elements. An element has equal numbers of electrons and protons. When atoms of an element differ in their number of neutrons, they are called isotopes of that element. All elements have three or more isotopes, some or all of which could be unstable (i.e., decay with time).

Unstable isotopes undergo spontaneous change, known as radioactive disintegration or radioactive decay. The process of continuously undergoing spontaneous disintegration is called radioactivity. The radioactivity of a material decreases with time. The time it takes a material to lose half of its original radioactivity is its half-life. An isotope's half-life is a measure of its decay rate. For example, an isotope with a half-life of eight days will lose one-half of its radioactivity in that amount of time. In eight more days, one-half of the remaining radioactivity will be lost, and so on. Each radioactive element has a characteristic half-life. The half-lives of various radioactive elements may vary from millionths of a second to millions of years.

As unstable isotopes change into more stable forms, they emit electrically charged particles. These particles may be either an alpha particle (a helium nucleus) or a beta particle (an electron), with various levels of kinetic energy. Sometimes these particles are emitted in conjunction with gamma rays. The alpha and beta particles are frequently referred to as ionizing radiation. Ionizing radiation refers to the fact that the charged particle energy force can ionize, or electrically charge, an atom by stripping off one of its electrons. Gamma rays, even though they do not carry an electric charge as they pass through an element, can ionize its atoms by ejecting electrons. Thus, they cause ionization indirectly. Ionizing radiation can cause a change in the chemical composition of many things, including living tissue (organs), which can affect the way they function.

When a radioactive isotope of an element emits a particle, it changes to an entirely different element, one that may or may not be radioactive. Eventually a stable element is formed. This transformation, which may take several steps, is known as a decay chain. For example, radium, which is a member of the radioactive decay chain of uranium, has a half-life of 1,622 years. It emits an alpha particle and becomes radon, a radioactive gas with a half-life of only 3.8 days. Radon decays first to polonium, then through a series of further decay steps to bismuth, and ultimately to a stable isotope of lead. Meanwhile, the decay products will build up and eventually die away as time progresses.

The characteristics of various forms of ionizing radiation are briefly described below and in the box at right (see Chapter 8 for further definitions):

Radiation Type	Typical Travel Distance in Air	Barrier
α	Few centimeters	Sheet of paper or skin's surface
β	Few meters	Thin sheet of aluminum foil or glass
γ	Very large	Thick wall of concrete, lead, or steel
n	Very large	Water, paraffin, graphite

Alpha (α)—Alpha particles are the heaviest type of ionizing radiation. They can travel only a few centimeters in air. Alpha particles lose their energy almost as soon as they collide with anything. They can be stopped easily by a sheet of paper or by the skin's surface.

Beta (β)—Beta particles are much (7,330 times) lighter than alpha particles. They can travel a longer distance than alpha particles in the air. A high-energy beta particle can travel a few meters in the air. Beta particles can pass through a sheet of paper, but may be stopped by a thin sheet of aluminum foil or glass.

Gamma (γ)—Gamma rays (and x-rays), unlike alpha or beta particles, are waves of pure energy. Gamma rays travel at the speed of light. Gamma radiation is very penetrating and requires a thick wall of concrete, lead, or steel to stop it.

Neutrons (n)—Neutrons are particles that contribute to radiation exposure both directly and indirectly. The most prolific source of neutrons is a nuclear reactor. Indirect radiation exposure occurs when gamma rays and alpha particles are emitted following neutron capture in matter. A neutron has about one-quarter the weight of an alpha particle. It will travel in the air until it is absorbed in another element.

Units of Radiation Measure

During the early days of radiological experience, there was no precise unit of radiation measure. Therefore, a variety of units were used to measure radiation. These units were used to determine the amount, type, and intensity of radiation. Just as heat can be measured in terms of its intensity or effects using units of calories or degrees, amounts of radiation or its effects can be measured in units of curies, radiation absorbed dose (rad), or dose equivalent (roentgen equivalent man, or rem). The following summarizes those units (see also the definitions in Chapter 8).

Curie—The curie, named after the French scientists Marie and Pierre Curie, describes the "intensity" of a sample of radioactive material. The rate of decay of 1 gram of radium was the basis of this unit of measure. Because the measured decay rate kept changing slightly as measurement techniques became more accurate, the curie was subsequently defined as exactly 3.7×10^{10} disintegrations (decays) per second.

Rad—The rad is the unit of measurement for the physical absorption of radiation. The total energy absorbed per unit quantity of tissue is referred to as absorbed dose (or simply dose). As sunlight heats pavement by giving up an amount of energy to it, radiation similarly gives up energy to objects in its path. One rad is equal to the amount of radiation that leads to the deposition of 0.01 joule of energy per kilogram of absorbing material.

Radiation Units and Conversions to International System of Units

1 curie = 3.7×10^{10} disintegrations per second
= 3.7×10^{10} becquerels
1 becquerel = 1 disintegration per second
1 rad = 0.01 gray
1 rem = 0.01 sievert
1 gray = 1 joule per kilogram

Rem—A rem is a measurement of the dose equivalent from radiation based on its biological effects. The rem is used in measuring the effects of radiation on the body as degrees centigrade are used in measuring the effects of sunlight heating pavement. Thus, 1 rem of one type of radiation is presumed to have the same biological effects as 1 rem of any other kind of radiation. This allows comparison of the biological effects of radionuclides that emit different types of radiation.

The units of radiation measure in the International System of Units are: becquerel (a measure of source intensity [activity]), gray (a measure of absorbed dose), and sievert (a measure of dose equivalent).

An individual may be exposed to ionizing radiation externally (from a radioactive source outside the body) or internally (from ingesting or inhaling radioactive material). The external dose is different from the internal dose because an external dose is delivered only during the actual time of exposure to the external radiation source, while an internal dose continues to be delivered as long as the radioactive source is in the body. The dose from internal exposure is calculated over 50 years following the initial exposure. Both radioactive decay and elimination of the radionuclide by ordinary metabolic processes decrease the dose rate with the passage of time.

Sources of Radiation

The average American receives a total of approximately 360 millirem per year from all sources of radiation, both natural and manmade, of which approximately 300 millirem per year are from natural sources. The sources of radiation can be divided into six different categories: (1) cosmic radiation, (2) terrestrial radiation, (3) internal radiation, (4) consumer products, (5) medical diagnosis and therapy, and (6) other sources (NCRP 1987). These categories are discussed in the following paragraphs.

Cosmic Radiation—Cosmic radiation is ionizing radiation resulting from energetic charged particles from space continuously hitting the Earth's atmosphere. These particles and the secondary particles and photons they create comprise cosmic radiation. Because the atmosphere provides some shielding against cosmic radiation, the intensity of this radiation increases with the altitude above sea level. The average dose to people in the United States from this source is approximately 27 millirem per year.

External Terrestrial Radiation—External terrestrial radiation is the radiation emitted from the radioactive materials in the Earth's rocks and soils. The average dose from external terrestrial radiation is approximately 28 millirem per year.

Internal Radiation—Internal radiation results from the human body metabolizing natural radioactive material that has entered the body by inhalation or ingestion. Natural radionuclides in the body include isotopes of uranium, thorium, radium, radon, polonium, bismuth, potassium, rubidium, and carbon. The major contributor to the annual dose equivalent for internal radioactivity is the short-lived decay products of radon, which contribute approximately 200 millirem per year. The average dose from other internal radionuclides is approximately 39 millirem per year.

Consumer Products—Consumer products also contain sources of ionizing radiation. In some products, such as smoke detectors and airport x-ray machines, the radiation source is essential to the product's operation. In other products, such as televisions and tobacco, the radiation occurs as the products function. The average dose from consumer products is approximately 10 millirem per year.

Medical Diagnosis and Therapy—Radiation is an important diagnostic medical tool and cancer treatment. Diagnostic x-rays result in an average exposure of 39 millirem per year. Nuclear medical procedures result in an average exposure of 14 millirem per year.

Other Sources—There are a few additional sources of radiation that contribute minor doses to individuals in the United States. The dose from nuclear fuel cycle facilities (e.g., uranium mines, mills, and fuel processing plants) and nuclear power plants has been estimated to be less than 1 millirem per year. Radioactive fallout from atmospheric atomic bomb tests, emissions from certain mineral extraction facilities, and transportation of radioactive materials contribute less than 1 millirem per year to the average dose to an individual. Air travel contributes approximately 1 millirem per year to the average dose.

Exposure Pathways

As stated earlier, an individual may be exposed to ionizing radiation both externally and internally. The different ways that could result in radiation exposure to an individual are called exposure pathways. Each type of exposure is discussed separately in the following paragraphs.

External Exposure—External exposure can result from several different pathways, all having in common the fact that the radiation causing the exposure is external to the body. These pathways include exposure to a cloud of radiation passing over the receptor (i.e., an individual member of the public), standing on ground that is contaminated with radioactivity, and swimming or boating in contaminated water. If the receptor departs from the source of radiation exposure, the dose rate will be reduced. It is assumed that external exposure occurs uniformly during the year. The appropriate dose measure is called the effective dose equivalent.

Internal Exposure—Internal exposure results from a radiation source entering the human body through either inhalation of contaminated air or ingestion of contaminated food or water. In contrast to external exposure, once a radiation source enters the body, it remains there for a period of time that varies depending on decay and biological half-life. The absorbed dose to each organ of the body is calculated for a period of 50 years following the intake. The calculated absorbed dose is called the committed dose equivalent. Various organs have different susceptibilities to harm from radiation. The quantity that takes these different susceptibilities into account is called the committed effective dose equivalent, and it provides a broad indicator of the risk to the health of an individual from radiation. The committed effective dose equivalent is a weighted sum of the committed dose equivalent in each major organ or tissue. The concept of committed effective dose equivalent applies only to internal pathways.

Radiation Protection Guides

Various organizations have issued radiation protection guides. The responsibilities of the main radiation safety organizations, particularly those that affect policies in the United States, are summarized below.

International Commission on Radiological Protection—This Commission has the responsibility for providing guidance in matters of radiation safety. The operating policy of this organization is to prepare recommendations to deal with basic principles of radiation protection and to leave to the various national protection committees the responsibility of introducing the detailed technical regulations, recommendations, or codes of practice best suited to the needs of their countries.

National Council on Radiation Protection and Measurements—In the United States, this Council is the national organization that has the responsibility for adapting and providing detailed technical guidelines for implementing the International Commission on Radiological Protection recommendations. The Council consists of technical experts who are specialists in radiation protection and scientists who are experts in disciplines that form the basis for radiation protection.

National Research Council/National Academy of Sciences—The National Research Council is an organization within the National Academy of Sciences that associates the broad community of science and technology with the Academy's purposes of furthering knowledge and advising the Federal Government.

Environmental Protection Agency—The Environmental Protection Agency (EPA) has published a series of documents, *Radiation Protection Guidance to Federal Agencies*. This guidance is used as a regulatory benchmark by a number of Federal agencies, including the U.S. Department of Energy (DOE), in the realm of limiting public and occupational work force exposures to the greatest extent possible.

Limits of Radiation Exposure

Limits of exposure to members of the public and radiation workers are derived from International Commission on Radiological Protection recommendations. The EPA uses the National Council on Radiation Protection and Measurements and the International Commission on Radiological Protection recommendations and sets specific annual exposure limits (usually less than those specified by the Commission) in *Radiation Protection Guidance to Federal Agencies* documents. Each regulatory organization then establishes its own set of radiation standards. The various exposure limits set by DOE and the EPA for radiation workers and members of the public are given in **Table B–1**.

Table B–1 Exposure Limits for Members of the Public and Radiation Workers

Guidance Criteria (Organization)	*Public Exposure Limits at the Site Boundary*	*Worker Exposure Limits*
10 CFR 835 (DOE)	—	5,000 millirem per year [a]
10 CFR 835.1002 (DOE)	—	1,000 millirem per year [b]
DOE Order 5400.5 (DOE) [c]	10 millirem per year (all air pathways) 4 millirem per year (drinking water pathway) 100 millirem per year (all pathways)	—
40 CFR 61 (EPA)	10 millirem per year (all air pathways)	—
40 CFR 141 (EPA)	4 millirem per year (drinking water pathways)	—

[a] Although this is a limit (or level) which is enforced by DOE, worker doses must still adhere to as low as is reasonably achievable principles. Refer to footnote b.
[b] This is a control level. It was established by DOE to assist in effecting its goal to maintain radiological doses as low as is reasonably achievable. DOE recommends that facilities adopt a more limiting 500 millirem per year Administrative Control Level (DOE 1999b). Reasonable attempts have to be made by the site to maintain individual worker doses below these levels.
[c] Derived from 40 CFR 61, 40 CFR 141, and 10 CFR 20.

B.2.2 Health Effects

Radiation exposure and its consequences are topics of interest to the general public. To provide the background for discussions of impacts, this section explains the basic concepts used in the evaluation of radiation effects.

Radiation can cause a variety of damaging health effects in people. The most significant effects are induced cancer fatalities. These effects are referred to as "latent" cancer fatalities because the cancer may take many years to develop. In the discussions that follow, all fatal cancers are considered latent; therefore, the term "latent" is not used.

The National Research Council's Committee on the Biological Effects of Ionizing Radiation (BEIR) has prepared a series of reports to advise the U.S. Government on the health consequences of radiation exposures. *Health Effects of Exposure to Low Levels of Ionizing Radiation*, BEIR V (National Research Council 1990), provides the most current estimates for excess mortality from leukemia and other cancers that are expected to result from exposure to ionizing radiation. BEIR V provides estimates that are consistently higher than those in its predecessor, BEIR III. This increase is attributed to several factors, including the use of a linear dose response model for cancers other than leukemia, revised dosimetry for the Japanese atomic bomb survivors, and additional followup studies of the atomic bomb survivors and associated others. BEIR III employs constant, relative, and absolute risk models, with separate coefficients for each of several sex and age-at-exposure groups. BEIR V develops models in which the excess relative risk is expressed as a function of age at exposure, time after exposure, and sex for each of several cancer categories. The BEIR III models were based on the assumption that absolute risks are comparable between the atomic bomb survivors and the U.S. population. BEIR V models were based on the assumption that the relative risks are comparable. For a disease such as lung cancer, where baseline risks in the United States are much larger than those in Japan, the BEIR V approach leads to larger risk estimates than the BEIR III approach.

The models and risk coefficients in BEIR V were derived through analyses of relevant epidemiologic data that included the Japanese atomic bomb survivors, ankylosis spondylitis patients, Canadian and Massachusetts fluoroscopy (breast cancer) patients, New York postpartum mastitis (breast cancer) patients, Israeli tinea capitis (thyroid cancer) patients, and Rochester thymus (thyroid cancer) patients. Models for leukemia, respiratory cancer, digestive cancer, and other cancers used only the atomic bomb survivor data, although results of analyses of the ankylosis spondylitis patients were considered. Atomic bomb survivor analyses were based on revised dosimetry, with an assumed relative biological effectiveness of 20 for neutrons, and were restricted to doses less than 400 rads. Estimates of risks of fatal cancers, other than leukemia, were obtained by totaling the estimates for breast cancer, respiratory cancer, digestive cancer, and other cancers.

The National Council on Radiation Protection and Measurements (NCRP 1993), based on the radiation risk estimates provided in BEIR V and the International Commission on Radiological Protection Publication 60 recommendations (ICRP 1991), has estimated the total detriment resulting from low dose[1] or low dose rate exposure to ionizing radiation to be 5.6×10^{-4} per rem for the working population and 7.3×10^{-4} per rem for the general population. The total detriment includes fatal and nonfatal cancer which is severe hereditary (genetic) effects. The major contribution to the total detriment is from fatal cancer which is estimated to be 4×10^{-4} and 5×10^{-4} per rem for radiation workers and the general population, respectively. The breakdowns of the risk estimators for both workers and the general population are given in **Table B–2**. Nonfatal cancers and genetic effects are less probable consequences of radiation exposure. To simplify the presentation of the impacts, estimated effects of radiation are calculated only in terms of cancer fatalities. For higher doses to an individual (20 rem or more), as could be associated with postulated accidents, the risk estimators given in Table B–2 are doubled.

Table B–2 Nominal Health Risk Estimators Associated with Exposure to 1 Rem of Ionizing Radiation

Exposed Individual	*Fatal Cancer* [a, c]	*Nonfatal Cancer* [b]	*Genetic Disorders* [b]	*Total*
Worker	.0004	.00008	.00008	.0005
Public	.0005	.0001	.00013	.00073

[a] For fatal cancer, the health effect coefficient is the same as the probability coefficient. When applied to an individual, the units are the lifetime probability of a cancer fatality per rem of radiation dose. When applied to a population of individuals, the units are the excess number of fatal cancers per person-rem of radiation dose.

[b] In determining a means of assessing health effects from radiation exposure, the International Commission on Radiological Protection has developed a weighting method for nonfatal cancers and genetic effects.

[c] For high individual exposures (greater than or equal to 20 rem), the health factors are multiplied by a factor of 2.

Source: NCRP 1993.

The numerical estimates of fatal cancers presented in this EIS were obtained using a linear extrapolation from the nominal risk estimated for lifetime total cancer mortality that results from a dose of 0.1 gray (10 rad). Other methods of extrapolation to the low-dose region could yield higher or lower numerical estimates of fatal cancers. Studies of human populations exposed to low doses are inadequate to demonstrate the actual level of risk. There is scientific uncertainty about cancer risk in the low-dose region below the range of epidemiologic observation, and the possibility of no risk cannot be excluded (CIRRPC 1992).

Health Effect Risk Estimators Used in This EIS

Health impacts from radiation exposure, whether from external or internal sources, generally are identified as "somatic" (i.e., affecting the exposed individual) or "genetic" (i.e., affecting descendants of the exposed individual). Radiation is more likely to produce somatic effects than genetic effects. The somatic risks of most importance are induced cancers. Except for leukemia, which can have an induction period (time between exposure to carcinogen and cancer diagnosis) of as little as 2 to 7 years, most cancers have an induction period of more than 20 years.

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[1] *Low dose is defined as the dose level where DNA repair can occur in a few hours after irradiation-induced damage. Currently, a dose level of about 0.2 grays (20 rad), or a dose rate of 0.1 milligrays (0.01 rad) per minute is considered low enough to allow the DNA to repair itself in a short period (EPA 1999).*

For a uniform irradiation of the body, the incidence of cancer varies among organs and tissues; the thyroid and skin demonstrate a greater sensitivity than other organs. Such cancers, however, also produce relatively low mortality rates because they are relatively amenable to medical treatment. Because fatal cancer is the most probable serious effect of environmental and occupational radiation exposures, estimates of cancer fatalities rather than cancer incidence are presented in this EIS. The numbers of fatal cancers can be used to compare the risks among the various alternatives.

Based on the preceding discussion and the values presented in Table B–2, the number of fatal cancers to the general public during normal operations and for postulated accidents in which individual doses are less than 20 rem are calculated using a health risk estimator of 5×10^{-4} per person-rem. For workers, a risk estimator of 4×10^{-4} excess fatal cancers per person-rem is used. (The risk estimators are lifetime probabilities that an individual would develop a fatal cancer per rem of radiation received.) The lower value for workers reflects the absence of children (who are more radiosensitive than adults) in the workforce. The risk estimators associated with nonfatal cancer and genetic disorders among the public are 20 and 26 percent, respectively, of the fatal cancer risk estimator. For workers, these health risk estimators are both 20 percent of the fatal cancer risk estimator. The nonfatal cancer and genetic disorder risk estimators are not used in this EIS.

For individual doses of 20 rem or more, as could be associated with postulated accidents, the risk estimators used to calculate health effects to the general public and to workers are double those given in the previous paragraph, which are associated with doses of less than 20 rem.

The fatal cancer estimators are used to calculate the statistical expectation of the effects of exposing a population to radiation. For example, if 100,000 people were each exposed to one time radiation dose of 100 millirem (0.1 rem), the collective dose would be 10,000 person-rem. The exposed population would then be expected to experience 5 additional cancer fatalities from the radiation (10,000 person-rem $\times 5 \times 10^{-4}$ lifetime probability of cancer fatalities per person-rem = 5 cancer fatalities).

Calculations of the number of excess fatal cancers associated with radiation exposure do not always yield whole numbers. These calculations may yield numbers less than 1, especially in environmental impact applications. For example, if a population of 100,000 were exposed to a total dose of only 0.001 rem per person, the collective dose would be 100 person-rem, and the corresponding estimated number of cancer fatalities would be 0.05 (100,000 persons $\times$ 0.001 rem $\times 5 \times 10^{-4}$ cancer fatalities per person-rem = 0.05 cancer fatalities). The 0.05 means that there is one chance in 20 that the exposed population would experience one fatal cancer. In other words, the 0.05 cancer fatalities is the *expected* number of deaths that would result if the same exposure situation were applied to many different groups of 100,000 people. In most groups, no person (0 people) would incur a fatal cancer from the 0.001 rem dose each member would have received. In a small fraction of the groups, 1 cancer fatality would result; in exceptionally few groups, 2 or more cancer fatalities would occur. The *average* expected number of deaths over all the groups would be 0.05 cancer fatalities (just as the average of 0, 0, 0, and 1 is 1/4, or 0.25). The most likely outcome is 0 cancer fatalities.

The same concept is applied to estimate the effects of radiation exposure on an individual member of the public. Consider the effects of an individual's exposure to a 360 millirem (0.36 rem) annual dose from all radiation sources. The probability that the individual will develop a fatal cancer from continuous exposure to this radiation over an average life of 72 years (presumed) is 0.013 (1 person $\times$ 0.36 rem per year $\times$ 72 years $\times 5 \times 10^{-4}$ cancer fatality risk per person rem = 0.013). This correlates to one chance in 77 that the individual would develop a fatal cancer.

B.3 METHODOLOGY FOR ESTIMATING RADIOLOGICAL IMPACTS

B.3.1 GENII Computer Code, a Generic Description

The radiological impacts from releases during normal operation of the facilities used to perform TA-18 missions were calculated using Version 1.485 of the GENII computer code (PNL 1988). Site-specific input data were used, including location, meteorology, population, and source terms. This section briefly describes GENII and outlines the approach used for normal operations.

B.3.1.1 Description of the Code

The GENII computer model, developed by Pacific Northwest National Laboratory, is an integrated system of various computer modules that analyze environmental contamination resulting from acute or chronic releases to, or initial contamination in air, water, or soil. The model calculates radiation doses to individuals and populations. The GENII computer model is well documented for assumptions, technical approach, method, and quality assurance issues. The GENII computer model has gone through extensive quality assurance and quality control steps, including comparing results from model computations with those from hand calculations and performing internal and external peer reviews (PNL 1988).

The GENII code consists of several modules for various applications; see the code manual (PNL 1988) for details. For this EIS, only the ENVIN, ENV, and DOSE computer modules were used. The output of one module is stored in a file that can be used by the next module in the system. The functions of the three GENII computer modules used in this EIS are discussed below.

ENVIN

The ENVIN module of the GENII code controls the reading of input files and organizes the input for optimal use in the environmental transport and exposure module, ENV. The ENVIN code interprets the basic input, reads the basic GENII data libraries and other optional input files, and organizes the input into sequential segments based on radionuclide decay chains.

A standardized file that contains scenario, control, and inventory parameters is used as input to ENVIN. Radionuclide inventories can be entered as functions of releases to air or water, concentrations in basic environmental media (air, soil, or water), or concentrations in foods. If certain atmospheric dispersion options have been selected, this module would generate tables of atmospheric dispersion parameters that are used in later calculations. If the finite plume air submersion option is selected in addition to the atmospheric dispersion calculations, preliminary energy-dependent finite plume dose factors can be prepared as well. The ENVIN module prepares the data transfer files that are used as input by the ENV module; ENVIN generates the first portion of the calculation documentation—the run input parameters report.

ENV

The ENV module calculates the environmental transfer, uptake, and human exposure to radionuclides that result from the chosen scenario for the user-specified source term. The code reads the input files from ENVIN and then, for each radionuclide chain, sequentially performs the precalculations to establish the conditions at the start of the exposure scenario. Environmental concentrations of radionuclides are established at the beginning of the scenario by assuming decay of pre-existing sources, considering biotic transport of existing subsurface contamination, and defining soil contamination from continuing atmospheric or irrigation depositions. For each year of postulated exposure, the code then estimates the air, surface soil, deep soil, groundwater, and surface water concentrations of each radionuclide in the chain. Human exposures and intakes of each radionuclide are calculated for: (1) pathways of external exposure from finite atmospheric plumes; (2) inhalation; (3) external exposure from contaminated soil, sediments, and water; (4) external exposure from special geometries; and (5) internal exposures from consumption of terrestrial foods, aquatic foods, drinking water, animal products, and inadvertent intake of soil. The intermediate information on annual media concentrations and intake rates are written to data transfer files. Although these may be accessed directly, they are usually used as input to the DOSE module of GENII.

DOSE

The DOSE module reads the intake and exposure rates defined by the ENV module and converts the data to radiation dose.

B.3.1.2 Data and General Assumptions

To perform the dose assessments for this EIS, different types of data were collected and generated. This section discusses the various data, along with the assumptions made for performing the dose assessments.

Dose assessments were performed for both members of the general public and workers at Los Alamos National Laboratory (LANL), Sandia National Laboratories/New Mexico (SNL/NM), Nevada Test Site (NTS), and Argonne National Laboratory-West (ANL-W). These assessments were made to determine the incremental doses that would be associated with the alternatives addressed in this EIS. Incremental doses for members of the public were calculated (via GENII) for two different types of receptors:

- Maximally Exposed Offsite Individual—The maximally exposed offsite individual was assumed to be an individual member of the public located at a position on the site boundary that would yield the highest impacts during normal operations.

- Population—The general population living within 80 kilometers (50 miles) of the facility.

Meteorological Data

The meteorological data used for all normal operational scenarios discussed in this EIS were in the form of joint frequency data files. A joint frequency data file is a table listing the fractions of time the wind blows in a certain direction, at a certain speed, and within a certain stability class. The joint frequency data files were based on measurements taken over a period of several years at the LANL, SNL/NM, NTS, and ANL-W sites.

Population Data

Population distributions were based on U.S. Department of Commerce state population projections (DOC 1999). Projections were determined for the year 2001 for areas within 80 kilometers (50 miles) of the release locations at LANL, SNL/NM, NTS, and ANL-W. The projected site-specific population in 2001 was used in the impact assessments. The population was spatially distributed on a circular grid with 16 directions and 10 radial distances up to 80 kilometers (50 miles). The grid was centered at the location from which the radionuclides were assumed to be released.

Source Term Data

The site- and process-specific source terms used to calculate the impacts of normal operations are provided in Section B.4.

Food Production and Consumption Data

Generic food consumption rates are established in the U.S. Nuclear Regulatory Commission (NRC) Regulatory Guide 1.109 (NRC 1977). This regulatory guide provides guidance for evaluating ingestion doses from consuming contaminated terrestrial and animal food products using a standard set of assumptions for crop and livestock growth and harvesting characteristics.

Basic Assumptions

To estimate annual radiological impacts to the public from normal operations, the following additional assumptions and factors were considered in using GENII:

- Radiological airborne emissions were assumed to be released to the atmosphere at a height of 10 meters (33 feet).
- The exposure time to the plume was assumed to continue throughout a year for the maximally exposed offsite individual and the general population. Plume exposure parameters used in the GENII model are provided in **Table B–3**.
- The exposed individual or population was assumed to have the characteristics and habits of an adult human.
- A semi-infinite/finite plume model was used for the air immersion doses.

Table B–3 GENII Parameters for Exposure to Plumes (Normal Operations)

Maximally Exposed Offsite Individual			*General Population*		
External Exposure	*Inhalation of Plume*		*External Exposure*	*Inhalation of Plume*	
Plume (hours)	*Exposure Time (hours)*	*Breathing Rate (cubic centimeters per second)*	*Plume (hours)*	*Exposure Time (hours)*	*Breathing Rate (cubic centimeters per second)*
6,136	8,766	270	4,383	8,766	270

Sources: PNL 1988, NRC 1977.

Worker doses associated with TA-18 mission operations were determined from historical data. Refer to Section B.4 for a further discussion of worker impacts.

B.3.1.3 Uncertainties

The sequence of analyses performed to generate the radiological impact estimates from normal operations include: (1) selection of normal operational modes, (2) estimation of source terms, (3) estimation of environmental transport and uptake of radionuclides, (4) calculation of radiation doses to exposed individuals, and (5) estimation of health effects. There are uncertainties associated with each of these steps. Uncertainties exist in the way the physical systems being analyzed are represented by the computational models and in the data required to exercise the models (due to measurement, sampling, or natural variability).

In principle, one can estimate the uncertainty associated with each source and predict the remaining uncertainty in the results of each set of calculations. Thus, one can propagate the uncertainties from one set of calculations to the next and estimate the uncertainty in the final results. However, conducting such a full-scale quantitative uncertainty analysis is neither practical nor a standard practice for a study of this type. Instead, the analysis is designed to ensure—through judicious selection of release scenarios, models, and parameters—that the results represent the potential risks. This is accomplished by making conservative assumptions in the calculations at each step. The models, parameters, and release scenarios used in the calculations are selected in such a way that most intermediate results and, consequently, the final estimates of impacts are greater than would be expected. As a result, even though the range of uncertainty in a quantity might be large, the value calculated for the quantity would be close to one of the extremes in the range of possible values, so the chance of the actual quantity being greater than the calculated value would be low. The goal of the radiological assessment for normal operation in this study is to produce results that are conservative in order to capture any uncertainties in the operations of TA-18 mission facilities.

The degree of conservatism in the calculated results is related closely to the range of possible values the quantity can have. This range is determined by what realistically can be expected to occur. Limitations on the handling of material (e.g., design capacity/processing rate, system availability, operational duration) provide upper limits to the quantity of material that can be handled in a given time, e.g., annually. In many cases these restrictions were used to represent normal operating capacity, thus maximizing the amount of material that can be handled annually. Using these upper limits on processing rates provides a conservative estimate of the annual release of radionuclides during normal operation for each of the facilities. Conservative release estimates were used to calculate the annual impacts presented for each alternative. The uncertainties associated with the values of the health estimates used to project health effects, e.g. fatal cancer, are discussed in Section B.2.2.

B.4 RADIOLOGICAL RELEASES AND IMPACTS DURING NORMAL OPERATIONS

The estimated radiological releases to the environment associated with normal operation of the facilities used to perform TA-18 missions are discussed below. The methodology for estimating radiological impacts to the public, including associated input data and analytical assumptions, is provided in Section B.3.1. Information relevant to the determination of impacts to workers is given below. The resulting impacts to the public and to workers associated with each alternative or action are presented and discussed in Chapter 5 of this EIS.

Argon-40 gas is a nonradioactive nuclide that is a normal constituent of air, including the air surrounding the TA-18 mission facilities. Neutrons produced during normal operations of the facilities interact with this gas to produce argon-41, a radioactive argon isotope with a half-life of about 109 minutes. This argon-41 represents the only radioactive source term to which members of the public would be exposed during normal operations. It is estimated that about 100 curies per year of argon-41 would be associated with SHEBA operations and 10 curies per year with the operations of the other TA-18 mission facilities for a total of 110 curies per year of argon-41 released from all TA-18 operations (DOE 1999a). The amount of argon-41 to which the public would be exposed is specific to the alternative assessed. Two examples of this are: (1) under the No Action Alternative, 110 curies of argon-41 would be produced in the atmosphere from operating all TA-18 mission facilities, including SHEBA, and (2) under the Nevada Test Site Alternative, only 10 curies of argon-41 would be produced at NTS from operations of the TA-18 mission facilities because SHEBA would remain at LANL. The source term associated with each alternative is given in the "radiological release" subsections of Chapter 5. The impacts to the public are given and discussed in the "public and occupational health and safety" subsections of Chapter 5.

The average individual worker dose associated with TA-18 operations is based on historical operational data, receiving an annual dose of 100 millirem (DOE 1999a). It is estimated that 110 involved workers would be associated with SHEBA as other security Category III/IV operations and 100 involved workers would be associated with the TA-18 security Category I/II operations. As is the case with the radiological source term (above), the impacts to the workers are dependent on the specific alternative assessed. The impacts are presented and discussed in the "public and occupational health and safety" subsections of Chapter 5.

B.5 RADIOLOGICAL RELEASES AND IMPACTS ASSOCIATED WITH POSTULATED ACCIDENTS

The releases of radioactivity and associated impacts from postulated accidents are addressed in detail in Appendix C. The information is summarized in Chapter 5 of this EIS.

B.6 REFERENCES

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